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Phone: 785 828-3146



**COMMERCIAL & MULTI-FAMILY
BUILDING PERMIT APPLICATION**

Permit # _____
Fee: _____
Date Paid: _____

Property owner: _____
Name (type or print) Address
Phone Email

Address of proposed structure: _____ Zoned as: _____

Located in _____ Addition. Lot size: _____ ft wide.

LEGAL DESCRIPTION OF PROPERTY. This information is on your abstract, your tax statement, or available at the Osage County Register of Deeds Office located in the courthouse.

Additional Owner: _____
Name (type or print) Address Phone
General Contractor: _____
Name (type or print) Address Phone
Architect or Designer: _____
Name (type or print) Address Phone

CLASS OF WORK

☐ New ☐ Addition ☐ Alteration/Remodel
☐ Repair ☐ Other _____

Describe Work

NOTE: Property owner or applicant is responsible for submitting accurate information. **The City does NOT certify boundary lines.** Applications are approved based on measurements provided.

Value of Project _____ Square Footage _____

Will there be electrical or plumbing work? Electrical _____ Plumbing _____

Please indicate Contractor _____
Name (type or print) Address Phone

Is property located in a floodplain area? Yes ☐ No ☐

***IF YES**, please obtain and complete the *Floodplain Development Permit/Application*

Will a new water tap be required? Yes ☐ No ☐

Will a new sewer tap be required? Yes ☐ No ☐

Will installation of utility lines require crossing a street or alley to reach the nearest point to hook on?

Yes ☐ No ☐ If yes, complete required forms and pay fees. *Forms are at City Hall.*

SETBACKS: Is location on a corner lot? Yes ☐ No ☐

(If yes, the front property line setback is required on both streets)

_____ feet from the front property line (25 feet from property line)

_____ feet from side yard property line (See Article 5)

_____ feet from side yard property line (See Article 5)

_____ feet from back property line (10 feet from property line)

Estimated starting date: _____ Completion date: _____

IMPORTANT: Attach a separate sheet showing structure dimensions and location on the lot. Indicate all setbacks, public or private easements, height of structure, and parking (if applicable). The property owner or agent is responsible for the accuracy and verification of all dimensions given, as well as any legal surveying if needed.

A stamped site plan, permits and spec book are required. See attached checklist.

Site Plan Attached Yes ☐ No ☐

Applicant Please Read

I hereby certify that I have read and examined this application and know the same to be true and correct. **I hereby certify that I have been authorized by the owner to act as his/her agent in applying for and obtaining this permit prior to work being initiated.** All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

"THE ZONING ADMINISTRATOR HAS 10 DAYS TO REVIEW PAID PERMITS ONCE THEY ARE SUBMITTED. PERMITS WILL NOT BE APPROVED AND RETURNED BEFORE THE ALLOTTED TIME".

Signature of Applicant _____ Date _____

NOTE: This application (if approved) expires **one year** after date of issuance unless the project is started within six months of approval.

IF APPLICATION IS NOT APPROVED:

- You have the right to file a request for a hearing before the Board of Zoning Appeals.
- See Article 12, or contact the City Clerk's Office for procedure.
- Request must be made within thirty (30) days of being disapproved.

≈ SECTION BELOW FOR ZONING ADMINISTRATOR ≈

Zoning _____ Occupancy _____ Floodplain _____ ADA _____

Type of Construction _____ Sprinklers Required _____

Approved _____ **Denied** _____

Comments of Zoning Administrator:

Date: _____ Signed: _____
Zoning Administrator



COMMERCIAL/RESIDENTIAL BUILDING PERMIT SITE PLAN CHECKLIST

Submission Requirements: The site plan shall include the following data and details which are found relevant to the proposal the applicant shall make notations explaining the reasons for any omissions.

	<u>Yes</u>	<u>No</u>
A. Name of project, address, date, north arrow, and scale of plan.	<input type="checkbox"/>	<input type="checkbox"/>
B. All existing lot lines, easements, and rights of way.	<input type="checkbox"/>	<input type="checkbox"/>
C. The location and use of all existing and proposed structures within the property. Include all dimensions of floor area, and show all exterior entrances, and all anticipated future additions or alterations.	<input type="checkbox"/>	<input type="checkbox"/>
D. The location of all present and proposed public and private ways, parking areas, driveways, sidewalks, curbs, and fences.	<input type="checkbox"/>	<input type="checkbox"/>
E. The location of all present and proposed utility systems:		
1. Sewage system;	<input type="checkbox"/>	<input type="checkbox"/>
2. Water supply system.	<input type="checkbox"/>	<input type="checkbox"/>



Planning & Zoning Dept. - Site Plan/Sketch

Permit #: _____ Contractor: _____
 Address: _____ Phone #: _____

Permit Requirements:

*The following requirements **must** be clearly marked in order for your permit to be submitted for review by the Planning and Zoning Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
- All set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

****The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.**

